



## USING YOUR BENNY™ PREPAID BENEFITS CARD SAVE YOUR RECEIPTS!!!

### ➤ LOOK FOR YOUR BENNY™ TO ARRIVE

A sample of the envelope your cards are mailed in is shown to the right. It is marked **Do Not Throw Away**. Be sure to watch for the envelope and do not throw it away as there is a \$10 replacement fee for the Cards.



### ➤ ACTIVATE YOUR CARD

Follow the activation instructions on the BENNY™. A qualified dependent may sign and use the second BENNY™. The dependent's name does not have to be on the front of the Card.

### ➤ PROCESS AS A CREDIT CARD

Even though this Card is considered a "debit" card, the Card should be swiped at the point of sale as a "Credit" Card and thus will not require a PIN number.

### ➤ DON'T THROW YOUR CARD AWAY WHEN THE MONEY IS GONE

Keep your BENNY™ even after you use all the money in your account. The card you receive is valid for three (3) years. Next year, if you participate in the plan, the new amount you elect will be loaded onto the same Card to use.

### ➤ SAVE ALL OF YOUR RECEIPTS

IRS guidelines require the submission of documentation (see "Documentation for Substantiation" below) to verify the expense was an eligible expense even when you use your BENNY™. We will mail you a letter when we need more information.

### ➤ DOCUMENTATION FOR SUBSTANTIATION

Documentation for substantiation of your claims includes a copy (keep the original documentation for your records) of an EOB (Explanation of Benefits) from your medical/dental insurance carrier and/or a receipt from your Service Provider detailing the following information:

- Date the service was provided or incurred (You may not use this Plan Year's money to pay for service incurred in a prior year).
- Description of the service provided – procedure performed/condition treated
- Total cost of services provided that are not covered under the insurance plan

The following types of documentation are NOT acceptable according to IRS guidelines:

- Cancelled checks
- Credit card statements or credit card receipts
- Balance forward statements

### ➤ FAX or MAIL

You may fax or mail manual claim or Benny™ documentation.

**Fax number:** 585-241-9518

**Mailing Address:** Health Economics Group, Inc.  
Attn: Flexible Spending Dept.  
1050 University Avenue, Suite A  
Rochester, NY 14607

### ➤ TERMINATION

Your Card will not work if and when you terminate employment.

### ➤ ADDITIONAL INFORMATION

You can find additional information regarding your balance and paid claims on our website: [www.heginc.com](http://www.heginc.com) or you can register at [www.mybenny.com](http://www.mybenny.com) to view your account activity.

